



WEMMH/SB/21 (4/03) *Jeff*

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>		Application Number	10/540,786
		Filing Date	September 21, 2005
		First Named Inventor	Andreas MELZER
		Group Art Unit	3734
		Examiner Name	Lindsey M. Bachman
Total Number of Pages in this Submission	39	Attorney Docket Number	8324-2

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached see PTO-2038 form  <input checked="" type="checkbox"/> Amendment Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request – 1 month  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Documents  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers  <input checked="" type="checkbox"/> Drawing(s) – 2 sheets red-marked; 2 sheets formal  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> To Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, and Correspondence Address Form  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Additional Enclosure (please identify below)  <input checked="" type="checkbox"/> Return Receipt Postcard  <b>Substitute Specification.</b>
		Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	<i>James M. Durlacher</i>
Date	August 14, 2006

## Certificate of Mailing

I hereby certify that this correspondence is being mailed via First Class Mail to the United States Patent and Trademark Office, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: **August 14, 2006**

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	Date
	August 14, 2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

# FEE TRANSMITTAL

For FY 2006

AUG 18 2006

U.S. PATENT & TRADEMARK OFFICE  
9389

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$65.00)

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Art Unit	3734
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## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments.

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

Small Entity	
Fee (\$)	50
Fee (\$)	200
Fee (\$)	360

Total Claims Fee (\$) Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$)  
 \* -20 or HP = \* x 50 =0 x 360 =0

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Independent Claims Fee (\$) Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$)  
 \* -3 or HP = 0 x 200 =0

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	=	/50 = (round up to a whole number)	x	0

## 4. OTHER FEE(S)

Fee for 1 month extension of time/small entity Fee Paid (\$)  
 65.00

## SUBMITTED BY

Signature

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August 14, 2006

## CERTIFICATE OF MAILING OR TRANSMISSION

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James M. Durlacher

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James M. Durlacher

Date

August 14, 2006

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